UNITED STATES DISTRICT COURT DISTRICT OF OREGON

Deering et al				Civil Case No. 3:14-cv-367-SI			
and the second s	Plaintiff(s),				APPLICATION FOR SP ADMISSION – <i>PRO HA</i>		
Galena Biopha	ırma, Inc	et al					1
Defend	lant(s).		·				
Attorno	y Ada F	Fernandez John	son	requ	ests special ac	lmission	<i>pro hac vice</i> in
the above-capti	oned cas	se.		•/			
			Hac Vice Admi at the following			understa	nd the
(1)	PERSO	ONAL DATA:					
	Name:	Johnson	Ac	la		Fernan	dez
		(Last Name)		st Name)		(MI)	(Suffix)
	Firm or	Business Affili	ation: Debevoise	€ & Plimpto	n LLP		
	Mailing	g Address:	801 Pennsylva	nia Ave. N	W		in the second of
	City; W	ashington	10 mm	State: D	C	Zip:	20004
	. ,	Number: (202)	383-8053		Fax Number:	(000)	83-8118
			ss: afjohnson@o	. :			

	R ADMISSIONS INFORMATION:					
(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Virginia State Bar; admitted October 9, 1998; bar number 42751					
	DC Bar; admitted June 4, 1999; bar number 463296					
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): USDC EDVA - admitted 12/1998; USDC DC - admitted 11/1/1999					
	DC Cir. Ct. Ap. 6/4/99 bar #463296; DC Ct. Ap. DC Cir 6/30/06 #50662					
	US Ct. of Appeals 11th Cir. 4/2/2002; US Ct. Appeals 4th Cir. 11/2/1998					
CE	RTIFICATION OF DISCIPLINARY ACTIONS:					
(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or					
(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)					
CE	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:					
equ Stat	LR 83-3(a)(3), I have professional liability insurance, or financial responsibility ivalent to liability insurance, that meets the insurance requirements of the Oregon e Bar for attorneys practicing in this District, and that will apply and remain in force the duration of the case, including any appeal proceedings.					
equ Stat for t	ivalent to liability insurance, that meets the insurance requirements of the Oregon e Bar for attorneys practicing in this District, and that will apply and remain in force					
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Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (*See* the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 14th day of June	, 2016
	(Signature of Pro Hac Counsel)
	Ada Fernandez Johnson (Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this \\S\mathrew\ day of June	, 2016	
	(Signature of Local Con	unsel)
Name: Tranetzki	Kristen	
(Last Name) Oregon State Bar Number: 115730	(First Name)	(MI) (Suffix)
Firm or Business Affiliation: Angeli Ungar La	w Group LLC	33. S. J. (1988) 18 S. J. (1988) 18 S
Mailing Address: 121 SW Morrison Street, S	uite 400	
City: Portland	State: OR	Zip: 97204
Phone Number: 503-954-2232	Business E-mail Addres	s: kristen@angelilaw.com
C	OURT ACTION	
☐ Application appro☐ Application denied DATED this day of		es.
	Judge	